MAXIMUS Federal Services

Case Number:	CM14-0131015		
Date Assigned:	08/20/2014	Date of Injury:	04/14/2010
Decision Date:	09/30/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old female who reported an injury on 04/14/2010 due to slipping on a wet floor, injuring her left knee and right hand. Diagnoses were lumbago, chronic pain syndrome, cervicalgia, and cervical disc degeneration. Past treatments have been physical therapy, left knee injections, cervical epidural steroid injections, transforaminal epidural steroid injections, and radiofrequency neurotomy. Diagnostic studies were an MRI of the shoulder and the elbow. The physical examination on 07/09/2014 revealed complaints of ongoing left buttocks pain. The injured worker reported that she was getting an increase in pain in the left hamstring and spasm. It was reported that the injured worker was status post injection on the left lumbar from last week with 100% relief until she fell twice 3 days ago due to knee giving out. She was able to sit for 3 hours without a pillow until the fall. Her pain level was reported to be anywhere between a 4/10 and a 9/10. The examination of the lumbar spine revealed a straight leg raising test was positive on the left in the supine position. The examination of the neck revealed loss of lordosis. Movements of the neck were restricted with flexion limited to 45 degrees and extension limited to 25 degrees. Spurling's maneuver caused radicular symptoms on the left. Tenderness was noted in the paracervical muscles and trapezius. Medications were Abilify 5 mg, fluticasone nasal spray, baclofen 20 mg, Butrans 15 mcg/hour patch, Butrans 5 mcg/hour patch, Percocet 10/325 mg, Ambien CR 12.5 mg, Cardizem L 420 mg, Cellcept 500 mg, Cymbalta 60 mg, Feldene 20 mg, gabapentin 600 mg, lidocaine 5% patch, Plaquenil 200 mg, Protonix 40 mg, and mirtazapine 45 mg. The treatment plan was for Abilify 5 mg and a computer generated seat cushion. The rationale and request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Abilify 5mg QTY: 30 ref: 5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Mental Illness & Stress procedure summary, last updated 6/12/14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Illness and Stress, Aripiprazole (Abilify), Atypical Antopsychotics.

Decision rationale: The decision for Abilify 5 mg quantity of 30 with refills of 5 is not medically necessary. The Official Disability Guidelines state that Abilify is not recommended as a first line treatment. Abilify is an anti-psychotic medication. Anti-psychotics are the first line psychiatric treatment for schizophrenia. There is insufficient evidence to recommend atypical anti-psychotics for conditions covered in ODG. According to a recent Cochrane systematic review, Abilify is an anti-psychotic drug with a serious adverse dect profile and long-term effectiveness data are lacking. Abilify is approved for schizophrenia and acute mania, and as an adjunct second line therapy for bipolar maintenance in major depressive disorder. It is not approved or shown to be effective for personality disorder, substance abuse, or insomnia. The injured worker does not have a diagnosis of schizophrenia or acute mania. There were no diagnoses for major depressive disorder. The injured worker is on Cymbalta 60 mg. The medical necessity for taking both of these medications was not reported. The Official Disability Guidelines also state atypical anti-psychotics are not recommended as a first line treatment. There is insufficient evidence to recommend atypical anti-psychotics for conditions covered in ODG. Adding an atypical anti-psychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. Anti-psychotics should be far down on the list of medications that should be used for insomnia, yet there are many prescribers using Seroquel, and there is no good evidence to support this. Anti-psychotic drugs should not be first line treatment for dementia, because there is no evidence that anti-psychotics treat dementia. Anti-psychotic drugs are commonly prescribed off-label for a number of disorders outside of their FDA approved such as schizophrenia and bipolar. The medical guidelines do not support the use of anti-psychotics. The injured worker does not have a diagnosis of schizophrenia or bipolar disorder. Also, the efficacy for this medication was not reported. The request does not indicate a frequency for the medication. Therefore, it is not medically necessary.

Computer generated seat cushion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical policy Durable Medical EquipmentCG-DME-10.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee, Durable Medical Equipment.

Decision rationale: The decision for computer generated seat cushion is not medically necessary. The Official Disability Guidelines for durable medical equipment state it is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. The term durable medical equipment is defined as equipment which can withstand repeated use, i.e., as in could normally be rented and used by successive patients. It should be primarily and customarily used to serve a medical purpose. It should be generally not useful to a person in the absence of illness or injury, and is appropriate for use in the patient's home. The computer generated seat cushion does not fall under the terms of durable medical equipment. It should be able to withstand repeated use and could normally be rented and used by successive patients. The computer generated seat cushion does not fall under the Official Disability Guidelines for durable medical equipment. Therefore, this request is not medically necessary.